

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/5-8588

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	7					
2		1				
3		3				
4		3				
5		0				
6		0				
7		0				
8		0				
9		1				
10		1				
11		1				
12		1				
13		1				
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45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.			1			
TOTAL DEP.			8			
TOTAL CLAIMS			9			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.				1		
TOTAL DEP.				8		
TOTAL CLAIMS				9		